

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM STAFE, OF HAWAYE MAIL (Type or Print Clearly) PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** CLYDE 808-220-4121 PACOPAC VAMES MAILING ADDRESS (Street) 1908 SKYLINE DR. EMAIL ---(State) (Zip Code) HONDLULU 96817 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE SPJ CONSULTING LLC 808-927-3608 MAILING ADDRESS (Street) P.O. 130x 17885 **EMAIL** (Zip Code) (State) HONDRULU 96817 HAWHI

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HAWAU ELECTRI	CIANS MAKKEN ENHANCEME	J- Program 808-841-6169
MAILING-ADDRESS (Street)		FAX
1935 HAU	STREET ROOM 300	EMAIL
(City)	(State)	(Zip Code)
HONDLULU	14AWAII	96819-5003
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TEMENT TELEPHONE
TRAVIS UN	lemoto.	808-841-6169
MAILING ADDRESS (Street)		FAX
1935 HAU	STREET ROOM 300	EMAIL
(City)	(State)	(Zip Code)
1 HOND LULU	HAWAII	96819-5003

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	(2) Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
- Com Co / Jan 1-28-13			1-20-13	
	(Signature of Iløbbyist)		(Date)	
PART V AUTHORIZATION TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
TRAVIS UMENIOTO ADMINISTRATOR				
NAME OF ORGANIZATION (if	applicable)		TELEPHONE	
HAWMI ELECT.	eicipus Market	CHANCENIENT PROGR	14 808-841-6169	
MAILING ADDRESS (Street)			FAX	
1935 HAU	STREET, ROOM	i 300	EMAIL	
(City) (State) (Zip Code)		Zip Code)		
1 FONOLULU				
I hereby authorize the	above - named person to en	gage in lobbying activities on b	ehalf of the undersigned.	

(Signature of Authorizing Officer or Person Represented)

(Date)